

B 95 000000 289

July 25, 1995

Registration and Qualification Section

Division of Corporations

PO Box 6327

Tallahassee, Florida 32314

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

95 AUG 11 AM 11:45

FILED

*** SVC Partners II, Ltd. ***

To whom it may concern:

Please find enclosed the required documents for the registration of my foreign limited partnership. I have enclosed a check for \$87.50 for the filing fee based on capital contribution and the fee for the designation of a registered agent. I am the contact person as designated below.

~~WFS 5000515331~~

800001548948
-07/31/95--01004--003
*****87.50 *****87.50

Sincerely,

John Cleave

287 Cypress Trace

Toppan Springs, Florida 34689

ph 813-938-0896

CM

FILED	52.50
R. AGENT	35.00
C. COPY	
TOTAL	87.50
N. BANK	
BALANCE DUE	
REFUND	



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

July 31, 1995

JON VAN CLEAVE
287 CYPRESS TRACE
TARPON SPRINGS, FL 34689

SUBJECT: JVC PARTNERS II, LTD.
Ref. Number: W95000015334

FILED
95 AUG 11 AM 11:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for JVC PARTNERS II, LTD. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered agent must be at a Florida street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6025.

Cathy A Mitchell
Corporate Specialist

Letter Number: 495A00036088

Florida Department of State, Jim Smith, Secretary of State

APPLICATION BY FOREIGN LIMITED PARTNERSHIP
FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

FILED
95 AUG 11 AM 11:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. JVC Partners II, Ltd
(Name of limited partnership as it is in the home state;

2. _____
(If name is unavailable, name under which the limited partnership proposes to register or transact business in Florida; must contain the word "LIMITED" or "LTD.")

3. Iowa 4. June 25, 1992
(State of Formation) (Date of Formation)

5. Jeff Flegg Jon Van Cleave
(Name of Registered Agent for Service of Process)

6. 2716 Grand Avenue 287 Cypress Trace
(Street Address of Registered Office) Tarpon Springs, FL 34689
Des Moines, Iowa Florida
(City) 50312 (Zip Code)

7. Acceptance by the Registered Agent for Service of Process.

[Signature] Agent must sign on this line [Signature]

8. 2716 Grand Avenue, Des Moines, Iowa 50312
287 Cypress Trace, Tarpon Springs, FL 34689
(Address of Registered Office required in State of Formation or, if not required, Address of Principal Office.)

9. NAME OF GENERAL PARTNERS SPECIFIC ADDRESS
JVC Management Co., Inc. 287 Cypress Trace
Tarpon Springs, Florida 34689

10. 287 Cypress Trace, Tarpon Springs, Florida 34689
(Office where Names, Addresses and Contributions of Limited Partners are kept.)

11. The limited partnership will undertake to keep the records listing the addresses and capital contributions of the limited partner or limited partners until the limited partnership's registration in Florida is cancelled or withdrawn.

12. 287 Cypress Trace, Tarpon Springs, Florida 34689
(Mailing Address of Limited Partnership)

This 5 day of June, 1995.

John O'Casey
General Partner

FILED
95 AUG 11 AM 11:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF
COUNTY OF

THE FOREGOING instrument was acknowledged and sworn to before me this 5 day of June, 1995, by John Van Cleave (Name of General Partner) of

JVC Partners II, Ltd

(Name of Limited Partnership), An Inc (State or Country) Limited Partnership, on behalf of the Limited Partnership.

Joanne Neff

Notary Public
State of Florida at Large

(SEAL)

My Commission Expires:
OFFICIAL NOTARY SEAL
JOANNE NEFF
NOTARY PUBLIC STATE OF FLORIDA
COMMISSION NO. CC224035
MY COMMISSION EXP. JUNE 30, 1995

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned, personally appeared JVC Management Co, Inc. a general partner of JVC Partners II, Ltd, a (an) limited partnership, hereinafter referred to as the "partnership", who certifies as follows:

FILED
JUN 11 AM 11:4
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The amount of capital contributions of the limited partners is \$ 1000.

2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 1000.

This 5 day of June, 1995

FURTHER AFFIANT SAYETH NOT.

Under penalties of perjury I declare that I have read the foregoing and that the facts are true, to the best of my knowledge and belief.

General Partner

John Cleave, pres. JVC Management Co.

STATE OF Florida
COUNTY OF Pinellas
DATE 6-5-95

BEFORE ME, the undersigned officer, a Notary Public authorized to administer oaths and to take acknowledgments in and for the State and County set forth above, personally appeared John Cleave (General Partner, known to me and know by me to be the person who executed the foregoing Affidavit of Capital Contributions, and he acknowledged to me and before me that he executed this Affidavit as General Partner of said partnership.

IN WHITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the State and County aforesaid, this 5th day of June, 1995.

Joanne Neff
Notary Public

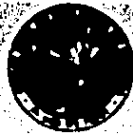
Seal

State of Florida at Large
My Commission Expires:

OFFICIAL NOTARY SEAL JOANNE NEFF NOTARY PUBLIC STATE OF FLORIDA COMMISSION NO. CC224035 MY COMMISSION EXP. JUNE 30, 1995
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THE STATE OF FLORIDA
 DEPARTMENT OF STATE
 WILL BE SUBJECT TO INSPECTION AND SEIZURE BY THE

**LIMITED PARTNERSHIP
 ANNUAL REPORT
 1995**



FLORIDA DEPARTMENT OF STATE
 Sandra Morahan
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 1995 DEC -8 PM 12:36
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 DO NOT WRITE IN THIS SPACE.

1. Name of Limited Partnership
JVC PARTNERS II, LTD.

1a. DOCUMENT #
B9500000289

Mailing Address
**387 CYPRESS TRACE
 TARPON SPRINGS FL 34689**

Principal Office Address
**387 CYPRESS TRACE
 TARPON SPRINGS FL 34689**

2. New Mailing Address, if Applicable

Suite, Apt. #, etc.
 City, State & Zip

2a. New Principal Office Address, if Applicable

Suite, Apt. #, etc.
 City, State & Zip

If above addresses are incorrect in any way, line through the incorrect information and enter correct address in Block 2 and/or 2a

3. Date Formed or Registered to Do Business in
 FLORIDA **08/11/1995**

3a. Date of Last Report

4. State or Country of Formation
IA

5a. Capital Contributions as Shown on Record:
\$1,000.00

5b. Amount of Capital Contributions in FLORIDA to date

6. FEI Number
42-1385270

Apply For **7. CERTIFICATE OF STATUS REQUIRED**
 Not Applicable

8. FEES: 1.) Filing Fee: Computed at a rate of \$7 per \$1,000 on amount entered in 5b or 5a if 5b blank, with a minimum filing fee of \$52.50 and a maximum of \$437.50
 2.) Supplemental Fee: \$138.75 (pursuant to section 607 193, F.S.)
 THE AMOUNT DUE SHALL BE NO LESS THAN \$191.25 (\$52.50 + \$138.75) AND NO MORE THAN \$576.25 (\$437.50 + \$138.75)
 Note: If the amount entered in 5b is greater than amount entered in 5a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.
 MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE.

9. Name and Address of Current Registered Agent
**CLEAVE, JON VAN
 387 CYPRESS TRACE
 TARPON SPRINGS FL 34689**

10. If changed, new Registered Agent/Office
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, etc.
 City
FL Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY

11. Name(s) of General Partner(s)
JVC MANAGEMENT CO., INC.

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)
387 CYPRESS TRACE

11b. City, State & Zip Code
TARPON SPRINGS FL 346

AR - \$52.50
 SF - \$138.75

300001659393
 -12/12/95--01031--018
 ****191.25 ****191.25
 12-8-95 aw

11c. Registration/Document Number
F85000003953

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE JVC Management Co, Inc / Jon Van Cleave president DATE Dec 6, 1995
 Typed or Printed Name of General Partner Signing Form Jon Van Cleave Telephone Number 813-938-0896

CR2E003 (6/95)

